

FEB. 10. 2005 2:45PM

7635146982 MEDTRONIC

NO. 4264 P. 3

PART B - FEE(S) TRANSMITTAL

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27581 7590 12/22/2004

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604

02/11/2005 SSITHIB2 00000015 132546 09945195

01 FC:1501 1400.00 DA
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

MOLLY CHLEBECK	(Depositor's name)
Molly Chlebeck	(Signature)
February 10, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/945,195	08/31/2001	Catherine R. Condje	P-9632.00	4493

TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT MYOCARDIAL ISCHEMIA WITHIN THE PATIENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
IASTRZAB, JEFFREY R	3762	607-011000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. PAUL H. McDOWALL

2. GIRMA WOLDE-MICHAEL

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MEDTRONIC, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

MINNEAPOLIS, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

26 Jan '05

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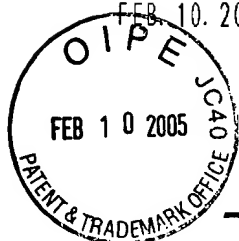
PAUL H. MCDOWALL

Registration No.

34,873

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**Medtronic**

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P-9632.00

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From: Paul H. McDowall
Company:  **Medtronic**
Phone: 763 514 3351
Fax: 763 514 6982

Date: February 7, 2005

**Pages including this
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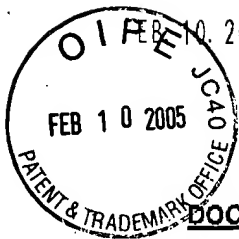
Comments: **RE:**
Serial No. 09/945,195
Applicants: Condie et al.
Filed: August 31, 2001
Title: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO
SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT
MYOCARDIAL ISCHEMIA WITHIN THE PATIENT

Attached please find the following documents:

- X Issue Fee Transmittal
- X Part B-Fee(s) Transmittal
- X Fee Addressee For Receipt of PTO Notices Relating to Maintenance Fees

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7635146982 MEDTRONIC

NO. 4264 P. 2

DOCKET NO: P-9632.00

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEE TRANSMITTAL

In re Application of: Catherine R. Condie et al.
For: IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO
SUBJECT A PATIENT TO A STRESS TEST AND TO DETECT MYOCARDIAL
ISCHEMIA WITHIN THE PATIENT
Serial No.: 09/945,195
Filed: August 31, 2001

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this FEE TRANSMITTAL and
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Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 10th
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Molly Chlebeck
Signature

MOLLY CHLEBECK
Printed Name

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Commissioner for Patents
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Alexandria, VA 22313-1450

Sir:

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- X Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee For Receipt Of PTO Notices Relating To Maintenance Fee

- X Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee and \$300.00 publication fee for a
Total of \$1,700.00.

- X Applicant believes that no extension of time is required. However, if an extension of time is
required, please consider this a petition therefore to provide for the possibility that applicant has
inadvertently overlooked the need for an extension of time and charge same to Deposit Account
13-2546.

Date

10 Feb 05

Paul M. McDowall
Paul M. McDowall
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